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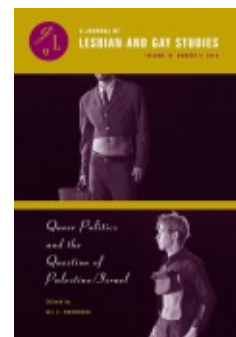
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"SO WE MUST GO BEHIND EVEN WHAT THE MICROSCOPE CAN REVEAL"

The Hermaphrodite's "Self" in Medical Discourse at the Start of the Twentieth Century

Geertje Mak

On October 31, 1907, a Dr. König from Altona wrote to Franz Ludwig Von Neugebauer, the most important international expert on hermaphroditism, to ask his advice on a particular case.¹ Emma R. had come to his hospital with heavy pains in the right groin. She was twenty-five years old, had never menstruated, and had never noticed anything abnormal about her sex except the incidental growth of a small organ that excreted some fluid. For eighteen months she had been engaged to be married. König's medical investigation showed that Emma R. had a small hypospadiac penis, that her right groin contained a testicle, and that her vagina ended in a cul-de-sac. His overall impression was that Emma R. was feminine. While talking to her, he writes, one does not doubt that one is dealing with a feminine being. Moreover, he observes that her "whole thinking and feeling were feminine."

König summarizes his questions to Von Neugebauer as follows: "1. Would you inform this person about her actual condition? 2. Would you deny her the right to have intercourse with men? 3. Would you absolutely forbid marriage?"² Von Neugebauer answers these questions very briefly but remarkably:

In such cases, in which the person concerned shows definite female sex-gender consciousness, the doctor acts more humanely if he does not inform the person about the *erreur de sexe* that has taken place. *To the hermaphrodite, his own sex-gender consciousness should be normative and more*

important than the anatomical character of his gonads. Also, according to old Prussian law, an adult hermaphrodite should be free to choose to which sex he wants to belong. This very observation by König proves the weakness of the corresponding paragraphs in the new German civil law.³

Von Neugebauer's answer completely contradicts his earlier work, even the work published in the same volume. Only three years earlier he had been asked to comment on a case in which the New York professor of gynecology J. Riddle Goffe had performed surgery on his patient E. C. to remove a "penis" and to construct a vagina. This patient had been raised as a girl, definitely felt that she was a woman, and wished to get rid of her "growth."⁴ Goffe was severely criticized by the editor of the *Interstate Medical Journal* for performing such surgery on the basis of the patient's wish without being certain of the patient's sex.⁵ In the ensuing debate, Von Neugebauer fully endorsed the standpoint of the critics: "I would certainly refuse an operation if I should be able to ascertain the presence of testicles, and would in case of doubt insist upon an explorative operation to ascertain the true nature of the sex before I would amputate a supposed-to-be clitoris—which, however, may be a penis."⁶

This comment is much more representative of Von Neugebauer's general point of view—at least before he replied to König. Until that time Von Neugebauer had so adamantly maintained that the gonads were the only true criterion for establishing a person's sex that he had promoted the new technology of laparotomy to gain certainty about the character of the gonadal structure of a living pseudo-hermaphrodite. How can we explain his shift of opinion in his short answer to König, in the final, supplemental pages of his life's work on hermaphroditism?

It is not just a remarkable shift in the opinion of one doctor. Von Neugebauer was a central figure in the international discussion on hermaphroditism at the turn of the twentieth century. He had collected more than a thousand cases of hermaphroditism spanning at least five centuries all over Europe and America and had published on the subject in Polish, Russian, German, French, and English. Therefore his change of heart might indicate an international shift toward a medical discourse that had started to take the sex-gender consciousness of a hermaphrodite more seriously with respect to the problem of sex assignment.⁷

In 1916 Von Neugebauer, who at one time could hardly suppress his frustrated anger when he had discovered that he could not force someone to change her sex after he had concluded that she was male, was content to leave the difficult questions to legislators.⁸ Stating that the law was incomplete, he summed up the key questions without arguing for a particular resolution: Can the state force

someone who ejaculates sperm but has been raised a woman and psychosexually experiences herself as a woman to change her sex? What should be done when a married woman is discovered, during an abdominal operation, to have testicles inside if she and her husband do not want a divorce? Does the state have the right—or is it obliged—to nullify that marriage?⁹ No longer as vocal in his advocacy of the importance of sex-gender consciousness as he had been in his letter to König, Von Neugebauer had certainly changed his mind about the gonadal foundation of a person's sex.

An international debate began to develop around this subject in 1902, when the Dutch gynecologist A. Geijl, in a provocative article, proudly defended surgery performed on a male hermaphrodite.¹⁰ This person had been raised a woman and wished to marry. Concluding that she was actually male, Geijl had only advised her that she would never have children, then had removed the penis and enlarged the vagina. Geijl attacked Von Neugebauer and other doctors for being inhumane when imposing a sex on a person against his or her will. He ridiculed their fear that "same-sex marriages," resulting from not telling the patients the "truth" about their sex, would morally undermine society. He explicitly rejected gonadal tissue as the *only* signifier of "true sex": "To determine the sex of a hermaphrodite and our practical treatment of its bearer, the constitution of the gonads is of lesser value than the condition of the organs of copulation and the nature of the inner life and soul of the person concerned."¹¹ Von Neugebauer furiously mentioned the accusation in the introduction to his life's work: "Lately there have burst out violent controversies about this issue, and I personally had to submit to a very sharp attack from Dr. Geijl in Holland, who accused me of having unlawfully advised a girl, whom I had established to be an unacknowledged masculine hermaphrodite, to change her civil sex from female to male."¹² In 1904, the same year as the Goffe case in New York, Von Neugebauer and the German physician Theodor Landau publicly disagreed on the same subject.¹³ The discussion in France was triggered by a case history related by M. R. Blondel, who in 1899 had offered a happily married woman an operation to make conjugal life possible for her after he had concluded that she had testicles. For this he was severely criticized by Xavier Delore, a French doctor.¹⁴

In this article I focus on the intense discussion provoked by Goffe's operation on E. C. "at the patient's request" to investigate in more detail how the hermaphrodite's self appeared in medical discourses on sex assignment at the turn of the twentieth century.¹⁵ A close reading of this discussion shows the crucial transformation from a debate about the limited and contested authority of hermaphrodites in choosing their own sex to the weight that doctors were willing to give the

“self of the hermaphrodite” in *their* decision about a patient’s sex. In other words, my analysis of this discussion shows how the hermaphrodite’s self started to become an *object* of medical investigation, the basis of a field in which medicine began to claim professional competence.

The Age of Gonads and the Best-Sex Paradigm

According to Alice Domurat Dreger, during the last quarter of the nineteenth century most physicians agreed that the true sex of any hermaphrodite had to be defined by the structure of his or her gonadal tissue. The idea was based on Theodor Albrecht Edwin Klebs’s classification system for hermaphroditism, which was first presented in 1876. Dreger therefore labels this period “the age of gonads.”¹⁶ In a popularized article she characterizes this period—not without dramatic rhetoric—as follows:

American and European medical men rallied around the idea that the anatomical nature of the gonads (as ovarian or testicular) alone should determine a subject’s “true sex,” no matter how confusing or mixed her or his other parts. Henceforth, no matter how manly a patient looked, even if he had a full-size penis, no vagina, a full beard, and a reputation for bedding down (and satisfying) young maidens, if he had ovaries, he would be labelled a female—in this case a “female pseudohermaphrodite.” No matter how womanly a patient looked, no matter if she had a vagina, fine and rounded breasts, a smooth face, and a husband she loved, if she had testes, she would be labelled a male—in this case a “male pseudohermaphrodite.”¹⁷

In her well-informed historical study *Hermaphrodites and the Medical Invention of Sex*, Dreger describes the period in more nuanced ways. There she suggests that medical practice was not rigidly based on gonadal tissue. Not everyone was socially categorized according to the sex of their gonads. In cases of *erreur de sexe* in which patients did not want to change their sex and even wanted to marry in line with the sex they had been raised as, French doctors labeled them morally degenerated (“sexually inverted”). In such cases, British doctors were more inclined to “desex” such patients, that is, to remove the (often atrophied) gonads.¹⁸ Both English and French doctors sometimes let cases of “mistaken sex” go or told their patients that they could try to alter their genitals to match their social sexual status better. Outward appearance and other sex traits occasionally determined the

ultimate sex (157–58). At one point Dreger casually says that “hermaphrodites often possessed two different identities, one personally and socially, another medically and scientifically” (115), but this remark hardly alters her argument that an overpowering medical science defined people’s sexes on the basis of their gonads and demanded that their “gender” and “sexuality” be in accordance with these.

Thus until 1915, according to Dreger, “apparently no medical men dared to openly question the gonadal definition of true sex” (163). In 1915, Dreger maintains, Blair Bell was the first to ask publicly “whether we are justified . . . in branding [patients] with a sex which is often foreign not only to their appearance but also to their instincts and social happiness” (163). Moreover, new medical findings, like ovotestis and other organs of internal secretion that functioned in the development of specific sex characteristics, offered Bell the opportunity to discuss the principle of gonadal sex assignment (165).

However, my analysis of French, German, Dutch, and English case histories of hermaphroditism in the nineteenth century shows that medical opinions and concepts of sex in practice were troubled long before then. The heated international debate on the occasion of sex surgery and the shift in Von Neugebauer’s thinking are only part of the evidence. Other evidence is more related to changing diagnostic practices.¹⁹ Here I concentrate on the debate concerning sex surgery, which marked the beginning of a change in how physical sex and sex-gender consciousness were weighted in cases of doubtful sex fifteen years before Bell raised the problem.

Bernice L. Hausman locates the start of a growing attention to what was later labeled “core gender identity” in cases of pseudohermaphroditism in about the same period as Dreger identifies, that is, the 1920s. In *Changing Sex* Hausman argues that this growth of interest in the “psychological” component of sex came about when medical science could no longer assert that only the structure of gonadal tissue defined the “true sex” of a hermaphrodite. Once other kinds of biological sex, such as hormonal sex and chromosomal sex, had been discovered, medical science had to acknowledge that there was no single biological criterion for “true sex.”²⁰

Hausman notices an accompanying shift in conceptualization: from (pseudo) hermaphroditism to intersexuality. The new term *intersexuality* better acknowledged a “continuum of physiological and anatomical sex differences” and challenged “the idea of a ‘true sex’ hidden within the body’s tissues” (78). This development made biological reasoning as the basis of sex assignment less convincing. Increasingly engaged by the psychological aspect of the question, doctors began to express hesitation and anxiety about decisions on sex assignment. However, it took

almost two decades before the rise of psychological testing for masculinity and femininity enabled a more “scientific” method of measuring sex roles, a method that could compete with the earlier “hard” gonadal sex definition (79). It was only in the 1950s that the term *gender* (*gender role*, *gender identity*) was coined by John Money, Joan Hampson, and John Hampson in the context of protocols for intersex management and the definition of transsexuality (94–109).²¹

Hausman stresses repeatedly that “gender” does not operate as an independent factor in medical science and technology; rather, the development of material technologies *produced* the modern conceptualization of gender. Therefore she argues that once it had become impossible to designate a single predominant factor by which to define biological sex, the gonadal definition of sex came under attack and sex-gender identity became more important. Only from the mid-1950s on, when medical “sex-change” technologies became so common that intersexuals could be offered the opportunity to be turned into a verisimilar representative of a particular sex, the gender identity paradigm began to dominate the field of intersex case management (73). The standard of a “true sex” gave way to that of a “best sex,” the latter also defined by the patient’s psychological makeup (79).

Although convincing, Hausman’s argument does not explain why the role of sex-gender consciousness in hermaphrodites’ decisions on their sex assignment became the subject of such a heated international debate in the first decade of the twentieth century. Theoretically, the gonadal sex definition still held sway. What is more, the developing technique of laparotomy had made it possible to acquire evidence on the gonadal tissue of a living person (78).²² At the very time that the gonadal conceptualization of sex was not only unthreatened but more practically applicable than ever, doctors from various countries were publicly defending medical treatments that helped hermaphrodites embody the sex in which they themselves wanted to live, even if it were other than their gonadal sex. This historical circumstance cannot be accounted for by the above-described models for thinking about the historical production of sex and gender in medical discourses; consequently, it demands the revision of those models. I would like to begin by proposing that the concept of “core gender identity” has a much longer and more complicated history than Hausman suggests.

Between Dreger’s “age of gonads” and Hausman’s “best sex” paradigm, a significant shift took place that has been obscured in large part by the difference between their approaches. Despite Dreger’s extended description of the medical practices that established someone’s sex and the confusions and contradictions that resulted, her argument ultimately privileges medical opinions and definitions. Hausman, conversely, concentrates on medical technicalities as preconditions for

the development of concepts such as core gender identity. This more fundamental focus on technicalities has the capacity to change radically the received view of the "age of gonads."

What is missing from both approaches, however, is the question of authority and competence. To what extent were nineteenth-century physicians authorized to assign someone's sex? Could they force a person with an "erroneous" sex to change it? Why were mid-twentieth-century physicians suddenly competent to define someone's "best sex"? I do not pretend to answer all these questions here, but my analysis of the discussion of Goffe's case history points precisely to this issue. For it shows how a question of authority—the struggle between the physician's and the patient's voices—was transformed into a claim of competence to interpret the patient's voice. Recognizing this transformation seems essential to our understanding of the jump from an age of gonads to a paradigm of best sex.

A Question of Authority

Case History as Narrative

Almost all extensively described medical case histories concerning hermaphroditism offer a particular history within a larger medical-scientific framework.²³ This narrative structure turns the story of the case itself into an object of exchange between doctors. At the level of the case history, two structures can be found. First, there is the structure in which the hermaphroditic patient (or sometimes his or her relatives or lover) formulates a problem and seeks advice or asks for surgery or some other treatment. At this level, the patient is a subject striving for something. Second, there is the structure in which the doctor is confronted with a problem (a question, a demand for advice, the need to perform surgery or administer some other treatment) and tries to solve it as best he can. At this level, the doctor is the subject structuring the story. The doctor's perspective almost always dominates the patient's. However, it makes a considerable difference to what extent the doctor's and the patient's goals are aligned.

By placing the case history within a larger framework of medical-scientific theory on hermaphroditism, the story as a whole becomes a piece of evidence in a medical discussion. Its meaning is no longer whether the patient was satisfied with the treatment. It is interesting to see how the cases in this larger discourse are labeled with the name of the doctor who circulates them: it is no longer, for example, E. C.'s case history but Goffe's. The significance of the case then depends on either the singularity of the patient's hermaphroditism (the doctor is proud of discovering such a beautiful specimen) or the extent to which the doctor has been

able to revise or augment the standard methods of investigation, interpretation, or treatment.

Goffe starts his article with a brief summary of state-of-the-art medical thinking on hermaphroditism at the time. He shows himself to be a true believer and supporter of the gonadal, “true sex” theory: “The essential organ of generation, and that which must in the final analysis determine sex, is . . . the testicle in a man and the ovary in a woman. A true hermaphrodite must possess both these organs. Applying this crucial test by the most approved modern instruments and methods, most of the cases have been conclusively thrown out of court.” After giving some examples, he admits that true hermaphroditism is sometimes found in animals. “But let us hope,” he continues, “that man has reached such a stage of development in his ascent from his lower forms that no example of such degeneracy may ever be found.”²⁴

Goffe does not believe that the case he describes concerns a truly hermaphroditic specimen. Moreover, he soon shows his abhorrence of the idea of a truly ambivalent sex. For him, the significance of this case lies elsewhere: “The case of pseudohermaphroditism which I have to present is of special interest on account of the operative procedure which I instituted and performed, and which effectually eradicated all semblance of duality of sex and placed the young patient safely in the ranks of womankind, *where she desired to be*” (757; italics added). The accompanying illustrations underscore the success of the surgery, identified by a caption as an “operation for removal of the penis and the utilization of the skin covering it for the formation of a vaginal canal” (755; see 759–62 for illustrations).

Goffe’s article became the subject of heated debate because of the seeming nonchalance of the clause “where she desired to be.” This attitude is characteristic of the entire article: the detail in which the operation is described expresses the doctor’s pride at having found a new method of forming a vaginal canal, but the part about the sex assignment and the decisive role he has given the patient is commonsensical in a naive way—it lacks any reference at all to contemporary medical discourse on the subject. Moreover, Goffe’s casual reference to his patient’s wishes flagrantly contradicts his theoretical conviction, set forth in the introduction to his article, that only gonads truly define sex. Thus there is a discrepancy between the theoretical framework in which Goffe places his case and the actual story he presents, a discrepancy that perfectly illustrates why my conclusions regarding sex assignment in that era differ so markedly from Dreger’s. Let us therefore have a closer look at this story, in which the subjectivities of patient and doctor interact.

The Interaction of Voices

What is the relation between E. C.'s and the doctor's voices in Goffe's article, especially with regard to the problem to be solved? I do not have the transcriptions of the interviews at my disposal, or a full account of the patient's story in her own words, but a careful analysis of the narrative nonetheless reveals a great deal about the voices and the way that they are balanced in Goffe's case description.

Goffe reports that E. C. was referred to him by her family physician. This doctor briefly described her family background, education, and general medical status. Then he came to the point:

She has never had any girl love affairs or been attracted passionately by any girl, but has been attracted by boys; says that "that thing" (the clitoris) developed to a noticeable degree and the hair began to develop on the pubes, fourteen to fifteen years of age; played with it some at that time and experienced pleasurable sensations therefrom; has erections at times and at first feels that it is pleasant, but eventually [it] disappoints and annoys her; wants to get rid of "the growth." (757)

By passing E. C.'s case on to Goffe without further comment, the family doctor seems at first glance to affirm her wishes. However, a closer look at his words reveals their ambivalence. He does not seem to want to involve himself by providing his opinion on the legitimacy of his patient's wish "to get rid of 'the growth.'" In other words, there is still room to interpret her wish as problematic. On the one hand, her experiences seem to be affirmed because they are recounted here without comment. On the other, they are made into an object of observation that can also be questioned or criticized. This ambivalence is caused by the indirect way that the patient is given a voice: no clear line is drawn between the doctor's and the patient's voices.

At two points, however, the patient is literally quoted, namely, when she refers to "that thing" and "the growth." This indicates that she experiences the flesh as alien to her, as abject, and strongly underscores her wish to get rid of it. The first quotation, "'that thing,'" is followed by an explanation, "(the clitoris)." This is the only point at which the doctor takes a stand, by deciding whether to call "that thing" a clitoris or a penis. Of course, the labeling is crucial in relation to the larger question of whether contemporary medical ethics permitted removal of the organ. In the end, however, the doctor again leaves the labeling to the patient, thereby emphasizing her feelings of abjection.

After "quoting" the family doctor, Goffe provides his own general impres-

sion.²⁵ The patient becomes an object of observation: her attitude, her clothes, her appearance—including the veil used to hide her facial hair—and her decisive request for relief are described. Subsequently, Goffe lists several other characteristics, suggesting a “logic” or a preexisting, widely used list of things to examine: height, weight, gait, voice, head, arms, hands, neck, mammary glands, areolae, abdomen, spine, lower extremities, pelvis, heart, lungs. Then he describes the genitals in more detail (757–59).

The description of the patient’s physical appearance is clearly gendered. All the physical secondary sexual characteristics are described as masculine: facial hair, abundant hair on the extremities, “strictly male type” mammaries, square chin, heavy jaw, neck “larger than normal for a female.” Only the voice is described as ambivalently sexed: “feminine, with occasional male tendency.” Furthermore, some nonphysical characteristics are gendered as female: “gait: feminine in character,” “otherwise [i.e., apart from the hair] face is female type,” “she showed feminine taste in dress, which was neat and in good style” (757–59).

There is nothing exceptional in Goffe’s describing these general characteristics in explicitly and sometimes implicitly gendered terms. Almost all contemporary descriptions of hermaphrodites had the same structure, insofar as they started with a short life history and living conditions (in this case presented by the family doctor), followed by general appearance, including outward physical characteristics, and finally a detailed investigation of the genitals.²⁶ It is remarkable, however, that during the “age of gonads” so much attention was paid to characteristics seen as irrelevant to sex assignment.

Goffe’s description is remarkable in another sense. He hardly describes the patient’s personality or character. The only comment along these lines describes her as “somewhat shy and modest,” which can be interpreted as implicitly female gendered. This is not exceptional for hermaphrodite case histories of that period, but there were also many case histories in which much more attention was paid to the question of whether someone’s personality was predominantly male or female.

In his description of the patient’s genitalia, Goffe notes the measurements of penis and vagina, the place of the urogenital cleft, finer details of the genitals’ outer construction (“A narrow strip of mucous membrane ran along the free border of the frenum as in cases of hypospadias”), and the result of bimanual internal examination: “No internal generative organs could be outlined except a cord-like extension from the upper end of the vagina.”²⁷ Goffe does not explicitly conclude that the “true sex” remains doubtful because he cannot find any trace of gonadal tissue. He does not express any disappointment about this circumstance, nor does

he discuss the options for sex assignment from a medical standpoint. Only in the title of the article, "A Pseudohermaphrodite, in Which the Female Characteristics Predominated," does Goffe identify what he thinks the dominant sex is in this case. It remains unclear, however, whether he thinks this on the basis of the physical examination or on the basis of other observations, for example, of the patient's personality. In the article, moreover, he calls "the growth" a clitoris, whereas in the subtitle he refers to the operation as the "removal of the penis." In short, despite the body of knowledge and the diagnostic techniques available at the time, Goffe's account does not demonstrate a serious urge to discover the "true" gonadal sex.

Without presenting a conclusion about E. C.'s sex on the basis of his medical examination, Goffe continues his report as follows: "The patient insisted that 'the growth' was a great annoyance, that it made her different from other girls, and she wanted it taken off. When asked if she preferred to be made like a man or woman, [she] said decidedly, 'a woman.' Accordingly she was sent to the Polyclinic Hospital, and the operation was done March 11, 1903, in the presence of the class and some invited guests" (759). Suddenly the patient was no longer an object of observation but the subject of a decision—namely, whether she wanted to be made like a man or a woman. She was operated on "accordingly." There is no indication at all that the doctor balanced the patient's wish against the results of his own medical investigation. Nor is there any evidence that he tried to justify her wish by proving that her personality was definitely female. He barely took her (male or female) character as an object of observation. In other words, the strong subject position given to the patient here is not grounded in any medical or psychological legitimation. Her right to decide appears to be self-evident. From this point on the patient seems to define which goal has to be attained by medical intervention.

Given his relative indifference to finding the "true" gonadal sex, Goffe seems to have cared less about which sex E. C. chose and more about eradicating sexual ambiguity. Finally, he defines the eradication of "all semblance of duality of sex" as the goal of the operation. Thus, while paying lip service to the dominant medical theory on "true" gonadal sex, Goffe proves much more concerned with hiding visible sexual ambiguity through medical surgery.

Goffe next describes in detail how he created a larger vagina by making two cuts along its length and covering them with the skin of the clitoris. As far as I know, this was the first case in which the skin of a clitoris/penis was used to construct a vagina. Goffe describes his discovery of this technique as accidental:

The skin adjacent to the vulva was so harsh and bristled so with hair that it was not available for filling in the lateral gaps in the mucous membrane of the vagina. The only apparent resource was to allow them to fill up by granulation, when suddenly the thought occurred to me, Why not use the skin covering the clitoris? This was soft and delicate and free from hair. It was therefore decided upon. (760)

While amputating the rest of the clitoris, he left the skin attached and subsequently used it to cover the wounds in the vagina. The success of the operation is illustrated in part by photographs taken before and after it. Yet the article does not end with the healing of the wound and the patient's discharge from hospital. There is a final note:

October 1, 1903. Patient reported at the office to-day. Has been in town all summer taking treatment three times a week for removal of hair from her lip and chin—electric depilation—which had been eminently successful. External genitalia were covered with new growth of hair, and the general glance presented perfectly normal appearance. The vagina took the usual bivalve speculum easily and without pain. The vagina walls were smooth and satisfactory in every way; the moisture of the vagina kept the skin-flaps soft and, to the touch, indistinguishable from the mucous membrane. *Patient was in buoyant frame of mind over the success of the operation, and left for her home the next day.* (762–63; italics added)

It is interesting to see what defines the success of the operation here. Clearly, the “perfectly normal appearance” is important (the goal having been to “eradicat[e] all semblance of duality of sex”), as is the vagina's ability to accommodate a normal speculum (and therefore presumably a penis) without pain, as well as its softness and the tactile indistinguishability between the mucous membrane and the newly attached skin. Nevertheless, the *final* measure of success is the patient's “buoyant frame of mind.” Obviously, Goffe is proud of his success. By describing his innovation and the operation in detail, providing photographs taken before and after it, and summarizing the physical results, he makes himself the hero of the story. Yet that story, even as he tells it, is framed by the patient's demands and her final valuation of the surgery.

That Goffe poses the question of whether E. C. “preferred to be made like a man or woman” suggests that in either case he felt able to help her surgically. This is interesting in light of Hausman's belief that the idea of “gender identity”

emerged only when doctors were technically able to make an intersexed person look like one or the other sex.²⁸ The choice that E. C. was given seems to have been partly the result of a doctor's presenting both sexes as medical options. The very notion of gender, however, suggests an extensive psychological legitimization of a person's "inner sex." Legitimizing a sex operation on the basis of gender does not mean offering people the option of engineering themselves; as Hausman rightly and critically remarks, it *obscures* that option (9). So it is not only offering someone a viable choice between one or the other sex that produces gender. Something else must take place, too.

The Right to Decide

In an article titled "Shall a Pseudo-hermaphrodite Be Allowed to Decide to Which Sex He or She Shall Belong?" Fred J. Taussig severely criticizes Goffe's treatment of E. C. Faulting Goffe's superficial examination of her genitals, Taussig argues that he did not try hard enough to find out her gonadal sex and then too easily accepted her wish to be a woman.²⁹ What interests me most, however, is how Taussig discusses the role of the patient herself in the decision. First, he dismisses the idea that a patient can determine "*our course* in regard to these plastic operations" (163; italics added). This is the main point of critique, for Taussig describes the subject of Goffe's article as "a case of a pseudo-hermaphroditism in which *at the patient's request* he [Goffe] performed a plastic operation" (162; italics added). The phrase "our course," which clearly addresses members of the medical professional, suggests that doctors should not be their patients' tools. During the ensuing debate in the *Interstate Medical Journal*, Taussig briefly summarizes his standpoint on Goffe's case: "While we will not deny the possibility that the individual in this case may have *guessed* her true sex, the principle of allowing our patients to decide such questions is bound to lead to serious consequences."³⁰ Taussig then refers to the Berendes-Landau case, in which years after a plastic operation similar to the one Goffe performed the patient turned out to be a man. Taussig does not, however, tell the reader how this person reacted to this discovery.

In response, Goffe simply denies that he offered his patient a choice; he only asked for her consent to perform the proposed operation.³¹ Taussig, obviously unconvinced, says that he is glad that Goffe did not *intend* to let the patient decide the sex question. However, he quotes the entire passage in which Goffe describes how he asked her what she wanted and then acted "accordingly," to show the reader that his own interpretation of what happened is correct. Moreover, Taussig claims that it is by no means "absurd" to think that Goffe was of the opinion that

his patient had the choice, “since Prof. Landau, of Berlin, in a recent article on this subject, argues that the patient *ought* to decide his or her own sex in these cases.”³² Von Neugebauer, in his contribution to the discussion, writes that

Landau bases his theoretical arguments upon a paragraph of the old Prussian law, which states that in all cases of doubtful sex the hermaphrodite, who is of full age, has the right to decide for himself to which sex he wants to belong. This paragraph would, then, for instance, permit a physician to amputate (even in the presence of testicles) a hypospadiac penis in a male who, by error, was raised as a girl, if this individual desired to continue his life under the disguise of a female.³³

Taussig suggests that Goffe legitimized “his course” after referring to Landau’s article. Goffe, however, seems unaware of this international debate and simply denies that he gave his patient a choice.

Sex Assignments, Law, and Medicine

It is interesting that the old Prussian law, which gave a person with a doubtful sex the right to choose his or her sex as an adult, is referred to so often in this discussion.³⁴ Only at the start of the twentieth century was the law changed so as to leave the decision entirely up to physicians. Outside Germany, the old law had disappeared earlier, mostly with the introduction of French civil and penal codes after the Napoleonic Wars. Their references to the old law show that doctors like Landau and Goffe, the latter albeit less consciously, actually recognized an old right. They cannot be considered “modern” in their insistence on the right of hermaphrodites to decide for themselves as long as their sex was medically undecided.

Dreger shows how the gonadal classification of hermaphroditism, introduced in 1876 by Klebs, essentially precluded the possibility of “true hermaphroditism” from a medical point of view.³⁵ Theoretically, the old right of hermaphrodites to decide became moot, because it was impossible for anybody to have a true hermaphroditic sex. In practice, however, doctors often could not determine the true gonadal sex or were divided in their opinions. In these cases, the old right was brought to bear, often in a seemingly unconscious manner. In countries where this right had ceased to exist and no other provisions had been made as to how to proceed in cases of doubtful sex (as in France, England, and the Netherlands), the outcome was the same as it had been: the decision was left to the hermaphrodite.

Furthermore, there is strong evidence that in cases in which doctors felt reasonably certain about the gonadal sex, the patients could not be forced to live

according to this sex or to change their civil sex accordingly. For the period 1890–1908, my collection of case histories contains fifty-two examples of female-born persons found to be medically male during their lifetime. There is no evidence that any of them was forced to change sex. Moreover, in six cases the physician involved agreed to perform an operation to help the patient look more female.

Since Dreger's argument is restricted to medical-scientific opinions and concepts, the significance of what happened in practice to these hermaphrodites escapes her analysis. She does not discuss the legal context or the consequences of the Klebsian classification for hermaphrodites' legal status. In this way, she implies that doctors had decided on the sex *assignment* of their patients, whereas they had only held on to their *opinion* of the sex of their patients. In her discussion of one female-born person found to have testicles, for instance, Dreger provides a lengthy description of the surgeon François Guérmonprez's moral disapproval of Louise-Julia-Anna's sex life as a woman, but she pays little attention to this person's refusal of a sex change or to the extended footnote in which Guérmonprez explains that he could not force a change on her.³⁶ To a much greater extent than Dreger suggests, patients had the freedom to refuse a sex change. Physicians simply did not have the authority to force their patients to change sex.

Consider, for example, Von Neugebauer's defense against Geijl's questioning of his humanity: "In cases in which I establish the male character of a hermaphrodite raised as a female, I suggest, (but do not by any means insist upon) a change in the birth registers. These changes were only made on the special wish of the individuals."³⁷ Describing the practices of other doctors, Von Neugebauer elsewhere states: "As a rule, however, in the case of a hermaphrodite raised as a girl the authorities allow him to continue in his mode of life, unless he himself desires to change it." Moreover, in several cases of married hermaphrodites, "the physician discovering the male sex of the wife, told neither her nor her husband about the matter so as not to disturb the previous marital bliss of the couple."³⁸

On one occasion, Von Neugebauer was so upset about his inability to prevent a father from allowing his daughter, who had testicles, to marry a man who did not know it that he asked for the public prosecutor's advice. To his deep indignation, Von Neugebauer was told that "a change of civil sex can take place only when the person in question wants such a change herself; she cannot be forced."³⁹

As the reference to Guérmonprez's footnote demonstrates, it was much the same in France. While affirming that in France it was prohibited to wear the clothes of the opposite sex except during carnival, Guérmonprez argued that it was not a surgeon's task to execute police measures. He was not even able to contribute to such measures, because he was sworn to professional secrecy: "In front of the

surgeon, more than in front of anybody else, the subject has to be free to make the decision he thinks appropriate while remaining certain of the surgeon's discretion."⁴⁰ Thus Dreger is right that some physicians expressed moral indignation when somebody did not live and love according to his or her gonadal sex, but she ignores the fact that doctors could not *force* patients to change their civil sex according to medical judgment.⁴¹ The doctor's power was restricted to the clinical context.

This is where Hausman comes in. If we leave out the reference to endocrinology, her central statement about the 1950s also applies to the situation half a century earlier: "As endocrinology and plastic surgery developed, doctors could intervene at the level of anatomy and physiology to enable their patients to simulate one or the other sex. This ability presented an ethical problem to attending physicians: if medical science had the power to enable an intersexual person to become a male or female person, what factors should the physician take into account in deciding which sex the subject should become?"⁴² Before 1900, that is, sex assignment had been ultimately a legal matter, but once surgical solutions to the problem of sexual ambiguity were available, the sex assignment decision was increasingly made in surgeons' consulting rooms. The resulting operations led to heated discussions among physicians about the patient's role in the decision because the medicoethical questions attending those operations had never been addressed before.

More advanced surgical skills also made possible a new objective. While physicians could not always determine the gonadal "true sex" with certainty or impose a "true sex" on their patients, the threat of an incongruity between the gonadal "true sex" and the sex that a hermaphrodite represented in society continued to exist. But with the new medical techniques it was now possible at least to avoid the disturbing effects of visible sexual ambiguity. There is ample nineteenth-century evidence of hermaphrodites attempting to hide their sexual ambiguity, but only after surgery had become less dangerous and painful were doctors able to help them substantially in doing so. The needs of patients who desperately wanted to keep the ambiguity of their sex secret and the requirements of public decency and order were met. Some doctors, such as Goffe and Geijl, started to redefine the problem of "sexual ambiguity" as the *danger* of it. They did not demand congruency between gonadal "true sex" and sex assignment so much as the erasure of the visible signs of sexual ambiguity, so that a hermaphrodite clearly and exclusively represented one sex. Goffe was most concerned with the erasure of ambiguity, and Geijl with bringing the hermaphrodite's feelings and experiences to the fore.

The new objective of a single sex points toward what Julia Epstein describes as a late-twentieth-century approach to hermaphroditism: "Today, surgical and medical intervention renders invisible any individuals born with intersexual characteristics. . . . Suppression achieves its perfect form in 'excision,' and the potential of the monster-outsider for subversive social arrangements is eradicated altogether."⁴³ E. C.'s case and the international debate discussed here reveal, first, that this approach is not a recent one. More important, they demonstrate the extent to which such interventions proceeded from the wishes of hermaphrodites themselves. Of course, these wishes were part of the dominant discourse, but that makes it difficult to refer to "suppression." Suppression of what, exactly?

This is not to say that the situation in 1900 was altogether the same as in the second half of the twentieth century. Apart from the significant technical developments during the intervening decades, there were some crucial differences. In the 1950s the possibility and the nature of surgical intervention were decisions for physicians, who possessed both the authority and the competence. In 1900, however, the question of authority and competence still had to be settled. Should a doctor make the decision on the basis of professional knowledge and medical standards, thereby turning the patient into an object of investigation and treatment? Or should the patient be granted the right to decide and then ask a surgeon to carry out this decision?

It may seem obvious to the modern reader that the ultimate authority in these cases rested with the physician, but some interpretive caution is required. Only a century earlier it would have been self-evident that the *patient* defined the objectives of a physician's intervention.⁴⁴ Although he denied it later, Goffe offered his patient a choice in his consulting room, seemingly unaware of the possible objections. Some years earlier another physician had made a similar decision "at the patient's request." The English doctor G. R. Green reported a case in which he had removed the testicles of a female-born hermaphrodite as she had asked. "The question now arose, as to what should be done, as the patient in mind and habit is more a woman than a man, and [as it] is illegal for him to remain as he is in female attire, he expressed a desire to have the testicles removed and continue [as] a woman and it seems to me, that is the best solution of the difficulty."⁴⁵

Apparently, if a surgical intervention was under consideration, surgeons tended more or less to leave the decision up to the patient. That the decision entailed not only consent for the operation (as Goffe would have it) but an actual sex assignment with moral and legal implications did not always occur to them. Thus Taussig's warning that doctors should not be their patients' tool was not just a rhetorical one. Nor was he the only one eager to safeguard the physician's author-

ity: others also urgently reminded surgeons of their responsibilities with regard to morality and justice.⁴⁶ Evidently, it was still necessary to claim full and exclusive medical authority over these decisions, and there is ample evidence that the question was not settled immediately.⁴⁷

Even more fundamental to our understanding of what happened around 1900 is the shift—quite prominent in the final part of the debate concerning E. C.’s operation—from discussing the hermaphrodite’s right to choose to claiming the doctor’s competence over the hermaphrodite’s sex-gender consciousness. It is precisely this shift that made the hermaphrodite’s self an object of medical investigation and decisively removed the question of authority from sight.⁴⁸ This crucial transformation paved the way for the construction of gender in the 1950s as described by Hausman.

Claiming Competence over Sex-Gender Consciousness

Psychological Sexuality as an Object

The debate described so far was about who had the power to decide, not about why someone would choose one or the other sex. Hermaphrodites were not obliged to legitimize their choices, nor were they required to prove that their identity was more male or more female. Their reasons for choosing one or the other sex included, for example, income prospects, the ability to urinate standing up, planned marriages, education, and job training.

In the remaining part of the discussion of E. C.’s case, however, the patient’s self is itself seen as an object of investigation. “Although he [Goffe] describes the case as one in which the female characteristics predominated,” Taussig writes, “he apparently wished to give the patient choice of her sex, for he ‘asked if she preferred to be made like a man or a woman,’ whereupon ‘she said decidedly ‘a woman.’”⁴⁹ The word *although* is interesting here. It suggests that if Goffe had made his decision solely on the basis of *his* observation that “the female characteristics predominated,” Taussig would not have been so upset. But Goffe hardly undertook to determine if “the female characteristics predominated.” In his own article he renders no conclusion about E. C.’s sex. Taussig, however, discusses several grounds for reaching such a conclusion. Apart from critiquing Goffe’s physical examination, Taussig raises the possibility of a psychological argumentation.

All the characteristics described in E. C.’s case, Taussig maintains, including the “psycho-sexual feelings,” “might appear in either sex.” For “Von Neugebauer has shown how much the sexual feeling of an individual depends upon the conditions under which such a one has been raised. That the patient in this case

has the sexual desires of a woman must, therefore, be looked upon, more as a result of education, of suggestion and imitation than as in any way conclusive evidence of her true sex" (162–63). It is important to note that Taussig takes the patient's "sexual desires" as the marker of her psychic femininity. This indicates how indistinguishable sexual preference and sex-gender identification were considered at that time.⁵⁰ Again referring to the patient's wishes, Taussig argues that they

are almost entirely governed by the sexual feelings, and these in turn are largely the result of external conditions, such as education and surroundings. Moreover, it not so infrequently happens that the sexual feelings of a hermaphrodite change from that of a man to woman or vice versa, once, nay, even several times in the patient's life. Besides being frequently at variance with the actual sex of the individual, therefore, we here are dealing with a very changeable quality. (163)

In his answer to Taussig, Goffe appears to have been more conscious of the grounds on which he made the decision concerning E. C.'s sex assignment than he seemed at first. After stating that it was impossible to do a diagnostic operation without unsexing the patient,⁵¹ he claims an even deeper competence in establishing a person's sex: "So we must go behind even what the microscope can reveal; make a study of the individual mental and emotional attributes from a physio-psychological point of view." Here he quotes from an article by William Lee Howard, "Sex Perversion in America":

"A thorough understanding of the recent investigations in the anomalies of sex feeling, of sex perversion, and the fact that there is something more in sex and sexuality than physical organs is absolutely necessary if we wish to render justice to our fellow-men. . . . When, from the earliest recognition of self, the sexual instincts have been those of one sex and the anatomic organs are of the opposite sex we must, from a scientific standpoint, consider the sex determined by the mental factors."⁵²

Although Howard was discussing not hermaphroditism but "sexual inversion," Goffe uses his argument to defend his conclusion concerning E. C.'s predominantly female characteristics.

Again Taussig is unconvinced and bases his response mainly on Von Neugebauer: "We have many instances recorded in which, long after puberty, there was a change in the psychic sexuality of the individual. . . . the possibility of

change in such a mental attribute or inclination must be acknowledged, but no testicle was ever known to change into an ovary.” Arguing that sex is strongly connected to the power of reproduction, which is in turn connected to ova and sperm and to the gonads producing them, Taussig claims that these elements have to be the determining factors, rather than “such a purely subjective element as sexual feeling or the psychic sexuality.”⁵³

Although Goffe never suggests in his initial article that he allowed E. C. to choose because he believed her psychological sexuality more important than other grounds for the decision on her sex, Taussig starts to argue against him as if he did. Taussig’s presupposition is that the decision to give E. C. the right to choose must have been based on Goffe’s observation of her “psychic sexuality.” Subsequently, he argues that in cases of hermaphroditism this psychological sex cannot serve as a solid basis for decisions concerning sex assignment. Only after Taussig starts this line of discussion does Goffe affirm that his decision was indeed based on a psychological diagnosis of E. C.’s sex and attempt to defend himself by referring to another medical expert, Howard. Goffe even claims that psychological knowledge is more crucial than “what the microscope can reveal.”

The debate has clearly moved from the issue of who, the patient or the doctor, wields power to a discussion *between doctors* about the best grounds for determining a patient’s sex. Although the patient’s sexual self plays a role in this discussion, suddenly it is an object of observation (to assess whether it is stable, how it is related to sexual desire, and so on). The hermaphroditic self is no longer a subject.

Goffe’s article became the object of such severe criticism not because he had let E. C.’s “psychological sex” prevail over her as yet unclear “gonadal sex” but, I believe, because he granted her a subject position in which she could decide for herself. Had Goffe tried to make her “psychological sex”—what Von Neugebauer called her “sex-gender consciousness”—an object of investigation from the start, and had he concluded that she was much more female in character and therefore should be made into a female, *he*, the doctor, would still have been the one in charge of the decision. Had Goffe claimed the competence to decide this case, it would have been much less provocative to his colleagues.

Sex-Gender Self-Consciousness in 1900

In reality, Goffe’s article triggered a general discussion in the United States that had been waiting to happen. In European countries, similar cases had provoked the same debate during the same time period. Moreover, augmented diagnostic skills (anesthesia, laparotomy and other surgical interventions) at the end of the

nineteenth century uncovered many more cases of doubtful sex in which, because there were no outward signs of sexual ambiguity, it would have been impossible otherwise for the patients themselves to suspect anything. These inadvertent discoveries led to embarrassing situations in which many physicians simply chose to keep silent about their findings, sometimes invoking the argument of someone's "sexed self" to justify themselves.⁵⁴

The growing interest in hermaphroditic sex-gender consciousness in general can be seen across time in the different categorizations of the more than twelve hundred cases of hermaphroditism identified in the index to Von Neugebauer's study: "male pseudohermaphrodites who had been raised as girls and spontaneously recognized their male sex," "rejection of change of civil sex assignment by pseudohermaphrodites, despite established *erreur de sexe*," "sexual consciousness and sexual drive," "sexual consciousness discordant with the anatomical character of the gonads," and so on.⁵⁵ If we look at the years in which the publications about these cases appeared, we find the following:

The sixteen cases in which hermaphrodites refused to change their civil sex assignment were published between 1882 and 1906. Of the thirty-three cases of spontaneous recognition of "true sex," twenty-seven were published between 1856 and 1905. The other six date from the early modern period, and five of them had to do with physical developments (the growth of a penis, the descent of testicles), often in combination with sexual relations with and even impregnation of women. The cases registered by Von Neugebauer under the category "sexual consciousness and sexual drive" almost all refer exclusively to sexual drive (no sexual drive, changing sexual drive, or sexual drive in accordance with anatomical sex). Sexual drive was noticed in cases of hermaphroditism of all centuries. Only the category "sexual consciousness discordant with the anatomical character of the gonads" contained cases in which sex-gender consciousness was the main issue. These nineteen cases were published between 1850 and 1907.

These results suggest increasing interest in a patient's sex consciousness during the second half of the nineteenth century. The interest in sex-gender consciousness, however, cannot be explained merely by the improvement in medical skills for diagnosing a doubtful sex or for performing sex surgery.

Sexual Inversion

From around 1870 the concept of sex-gender consciousness slowly emerged from an ongoing exchange among physicians and psychiatrists and their patients concerning an annually increasing collection of cases of "sexual inversion." Several historians have described and analyzed this archive of cases and have noticed that it contains

more than cases of what we would now call “homosexuality.”⁵⁶ There are also cases in which sexuality is a lesser issue than “sex-gender inversion” or “transvestism.” What is more, it is difficult to differentiate between these two aspects in the case histories—they are much more clearly distinguished today—because they seem to refer to each other all the time: sexual desire for someone of the same sex was the ultimate proof of sex-gender inversion, and sex-gender inversion indicated sexual desire for people of the same sex.⁵⁷ Therefore the diagnostic techniques developed, the medical explanations advanced, and the case histories collected and categorized referred in equal measure to (homo)sexual identity and sex-gender identity. Only around 1910 did sexologists such as Magnus Hirschfeld and Havelock Ellis start to make a clearer distinction between sexual preferences and gender identification.⁵⁸

To conceive homosexuality as a “central feature of the inner self” is one characteristic of the concept of the modern homosexual, as Harry Oosterhuis convincingly argues in his innovative study on Richard von Krafft-Ebing.⁵⁹ Similarly, sex-gender consciousness was increasingly conceived of as deeply anchored in one’s inner self, often closely linked to or merged with sexual preferences. The diagnostic techniques, explanations, and categorizations that concerned sex-gender consciousness and were developed in the field of sexual inversion started to influence medical interests, observations, and treatments for hermaphrodites.

There is ample evidence that the two branches of medicine began to interact theoretically around the beginning of the twentieth century. Dreger describes how certain physicians started to label hermaphrodites who did not identify with their gonadal sex and who sexually desired people with the same gonadal sex as “homosexual hermaphrodites.”⁶⁰ At the conclusion of his article in the *Interstate Medical Journal*, Von Neugebauer indicates his growing interest in “the psychic condition of hermaphrodites.” He then mentions the study of the “so-called psychical hermaphrodisia with apparently normally formed genitalia” as a work for the future, referring to the research of the sexologist and leader of the contemporary German gay emancipation movement, Hirschfeld.⁶¹ In turn, Hirschfeld was greatly interested in the possible physical cause of transvestism and homosexuality and described cases in which he had found (or thought he had found) an *erreur de sexe*. Hirschfeld’s cases were among the first to provide extended descriptions of someone’s sex-gender consciousness that were based on diagnostic techniques borrowed from sexology.⁶² This approach involved a very detailed way of asking questions about someone’s life history, capacities, and inclinations in relation to sex and sexuality. Most other case histories with a clear interest in sex-gender consciousness were not undertaken with such an elaborate psychological diagnostic technique.

Conclusion

In summary, at the beginning of the twentieth century there was an important change in the physician's opinion of the importance of a hermaphrodite's sex-gender consciousness. Thus the field was claimed as a domain for medical competence. The techniques used to make sex-gender consciousness into an object of medical and psychological investigation were, however, not yet fully implemented.

The idea of a gonadal "true sex" that had to be congruent with someone's sexual desires and sex-gender position in society dominated medical thinking about hermaphroditism from the last quarter of the nineteenth century on. In practice, however, doctors were not always certain of the gonadal sex and therefore could not force patients to take a sex-gender position consistent with their gonadal sex. Moreover, in a rapidly increasing number of cases, hermaphroditism was disclosed by surgery without anybody's having doubted these patients' sex before. These may have been the reasons that doctors started to redefine the problem as one of visible sexual ambiguity. Some doctors were more concerned with offering their patients the option of representing a *single* sex than with determining their *true* sex. This objective often better addressed the problem the patient desperately wanted solved. Finally, doctors' surgical techniques for hiding the physical ambiguity of a hermaphrodite improved. As a result, doctors occasionally became responsible for the sex assignment of their patients through their decisions concerning sex surgery.

These occasions intensified the medical debate on hermaphrodite sex assignment. Performing surgery according to the patient's wishes was strongly criticized, because it appeared to make the doctor the patient's tool. But there is ample evidence that medical professionals were increasingly interested at the end of the nineteenth century in sex-gender consciousness as a crucial component in their determination of a hermaphrodite's sex.

This does not necessarily mean that all physicians thought that this component ought to be decisive or that it even mattered for the final sex assignment. But even when physicians refused to acknowledge the importance of sex-gender consciousness, they claimed to be capable of professionally debating the subject. In other words, instead of offering the hermaphrodite the right to choose his or her own sex, they started to turn sex-gender consciousness into an object of medical investigation, into a measurable identity whose importance in relation to the final decision only they could define. The diagnostic techniques developed in psychiatry and sexology had not yet been fully put to use, but already they provided doctors with new explanations and categorizations. By discussing the subject profes-

sionally, doctors started to claim exclusive professional competence to balance their judgment of someone's sex-gender consciousness against their judgment of the patient's gonadal sex.

Obviously, some doctors began to be persuaded that sex-gender and sexual consciousness were central and stable features of the self and that they were at least factors for serious consideration when someone's sex assignment was in question. Even Von Neugebauer, who for at least ten years and in countless publications favored gonadal tissue as the definitive sign of one's "true sex," became persuaded that "to the hermaphrodite his own sex consciousness should be normative."⁶³ I hope to have shown, however, that this statement is fundamentally and structurally different from the recognition that a hermaphrodite had the unmediated right to choose his or her own sex. Von Neugebauer's change of opinion concerns a shift from the right to speak *from* the self to a right to speak *about* the self. Any history claiming to analyze critically the origination of gender as a category of the self must take this crucial shift into account.

Notes

I would like to thank Chris Straayer for assistance with the sources and Beck Young for her critical reading of earlier drafts of this article.

1. Throughout this article I use the terms *hermaphroditism* and *hermaphrodite* to refer, respectively, to "doubtful sex" and "someone whose sex is doubted." To stay closer to the terminology of my sources, I do not use the modern term *intersex*. I do not, however, adopt the terms *pseudohermaphroditism* or *pseudohermaphrodite* from the sources unless I am quoting or describing them, in order to avoid the suggestion that I could—or would want to—define a "true sex."
2. "1. würden Sie der Person Aufklärungen über ihren eigentlichen Zustand geben? 2. würden Sie ihr den Verkehr mit Männern untersagen und 3. würden Sie ihr das Heiraten absolut verbieten?" (Franz Ludwig Von Neugebauer, *Hermaphroditismus beim Menschen* [Leipzig: Klinkhardt, 1908], 607). My source for the material on the case of Emma R. is the supplement to Von Neugebauer's book. The translations in this article are my own.
3. "Der Arzt handle im gegebenen Falle, wo bei der betreffenden Person ausgesprochen weibliches Geschlechtsbewußtsein vorliegt, humaner, die Person nicht über die statt gehabte *Erreur de sexe* aufzuklären. Für den Zwitter sei sein eigenes Geschlechtsbewußtsein maßgebend und wichtiger, als der anatomischen Charakter seiner Geschlechtsdrüsen. Auch stehe nach dem alten preußischen Landrechte dem majorennen Zwitter die Wahl frei, zu welchem Geschlecht er gerechnet sein will. Gerade diese

Beobachtung Königs zeigt zur Evidenz die schwache Seite der betreffenden Paragraphen im neuen deutschen bürgerlichen Gesetzbuche" (Von Neugebauer, *Hermaphroditismus*, 607; italics added). I have translated the German word *Geschlechtsbewußtsein* as *sex-gender consciousness*. The translation of *Geschlecht* is complicated. First, *Geschlecht* refers to one's physical sex and, in this sense, can be compared to the English word *sex*. As Bernice L. Hausman explains, the English word *sex* became restricted to physical sex only after the concept of gender (identity) had been introduced to indicate social and psychological sex (*Changing Sex: Transsexualism, Technology, and the Idea of Gender* [Durham: Duke University Press, 1995], 75). Second, German makes a clear distinction between *Geschlecht* and *Sex*—the latter means the sexual act—whereas the English words *sex* and *sexual* can refer to both. Therefore *sexual consciousness* could be confusing, for it can refer both to sexual preference and to sex-gender consciousness. So to maintain the original sense, I use the term *sex-gender consciousness*.

4. J. Riddle Goffe, "A Pseudohermaphrodite, in Which the Female Characteristics Predominated: Operation for Removal of the Penis and the Utilization of the Skin Covering It for the Formation of a Vaginal Canal," *American Journal of Obstetrics* 48 (1903): 755–63.
5. Fred J. Taussig, "Shall a Pseudo-hermaphrodite Be Allowed to Decide to Which Sex He or She Shall Belong?" *American Journal of Obstetrics* 49 (1904): 162–65; Taussig, "Editorial Comment," *Interstate Medical Journal* 11 (1904): 134; J. Riddle Goffe, "Hermaphroditism and the True Determination of Sex," *Interstate Medical Journal* 11 (1904): 314–15; Fred J. Taussig, "Rejoinder to Dr. Goffe's Letter," *Interstate Medical Journal* 11 (1904): 316–17.
6. Franz Ludwig Von Neugebauer, "Letter to the Editor," *Interstate Medical Journal* 11 (1904): 317–18.
7. See Myriam Spörri, "Die Diagnose des Geschlechts: Hermaphroditismus im sexualwissenschaftlichen Diskurs zwischen 1886 und 1920" (Lizentiatsarbeit, Universität Zürich, 2000), 48–53; Ulrike Klöppel, "XXOXY Ungelöst: Störungsszenarien in der Dramaturgie der zweigeschlechtlichen Ordnung," in *(K)ein Geschlecht oder viele? Transgender in politischer Perspektive*, ed. Jannik Franzen, Ulrike Klöppel, Bettina Schmidt, et al. (Berlin: Querverlag, 2002), 153–81; and Ulrike Klöppel, "'Störfall' Hermaphroditismus und Trans-Formationen der Kategorie 'Geschlecht': Überlegungen zur Analyse der medizinischen Diskussionen über Hermaphroditismus um 1900 mit Deleuze, Guattari und Foucault," in *Transformationen. Wissen-Mensch-Geschlecht. Potsdamer Studien zur Frauen- und Geschlechterforschung* 6 (2002): 137–50. Klöppel's interpretation of Neugebauer's position differs from mine in that she concentrates on his theoretical position and describes his *interest* in psychosexual matters in relation to the gonads as a constant, although she also refers to his position in these matters as "divided" (*Spagat*) ("Störfall," 148).

8. Von Neugebauer, *Hermaphroditismus*, 401.
9. Von Neugebauer, "Hermaphroditismus und Pseudohermaphroditismus," in *Handbuch der ärztlichen sachverständigen Tätigkeit*, ed. Paul Dittrich, vol. 5, pt. 1, no. 3 (Vienna: Braumüller, 1916), 255–95, esp. 292–93.
10. A. Geijl, "Over operatief ingrijpen bij pseudohermaphroditismus masculinus of feminus externus," *Medisch Weekblad van Noord-en Zuid-Nederland* 9 (1904): 281–84, 326–30, 381–88, 397–404, 413–20, 433–35, 464–71, 494–501, 512–19, 555–58, 567–70, 586–91, 632–39. For Von Neugebauer's defense see his "Letter to the Editor," 318.
11. "De gesteldheid der geslachtsklieren heeft ter bepaling van het geslacht van den hermaphrodiet en voor ons praktisch optreden tegenover den drager, minder waarde dan de toestand der copulatieorganen en den aard van het gemoeds-en zieleleven der betrokken persoon" (Geijl, "Over operatief," 590).
12. "In neuester Zeit sind über diese Frage heftige Kontroversen ausgebrochen, und ich musste mir persönlich einen sehr scharfen Angriff von Dr. Geijl in Holland gefallen lassen, der mich beschuldigte, einem Mädchen, das ich als verkannter männlichen Scheinzwitter erkannte, widerrechtlich geraten zu haben, die weibliche Metrik in eine männliche zu ändern" (Von Neugebauer, *Hermaphroditismus*, 62).
13. Franz Ludwig Von Neugebauer, "Mann oder Weib? Sechs eigene Beobachtungen von Scheinzwittertum und 'Erreur de Sexe,'" *Zentralblatt für Gynäkologie* 2 (1904): 33–51; Theodor Landau, "Mann oder Weib?" *Zentralblatt für Gynäkologie* 7 (1904): 203–4. See also Landau, "Über Hermaphroditen: Nebst einigen Bemerkungen über die Erkenntnis und die rechtliche Stellung dieser Individuen," *Berliner klinische Wochenschrift* 15 (1903): 339–43.
14. M. R. Blondel, "Observation de pseudohermaphrodisme," *Bulletins et mémoires de la Société obstétricale et gynécologique de Paris*, 1899, 3–12; Xavier Delore, "Des étapes de l'hermaphrodisme," *L'écho médicale de Lyon* 4 (1899): 193–205, 225–32; see esp. 229. See also Alice Domurat Dreger, *Hermaphrodites and the Medical Invention of Sex* (Cambridge, MA: Harvard University Press, 1998), 125–26.
15. For the quotation see Taussig, "Shall a Pseudo-hermaphrodite?" 162.
16. Dreger, *Hermaphrodites*, 139–66.
17. Alice Domurat Dreger, "From the Age of Gonads to the Age of Consent," in *Intersex in the Age of Ethics*, ed. Alice Domurat Dreger (Hagerstown, MD: University Publishing Group, 1999), 9.
18. Dreger, *Hermaphrodites*, 130–31.
19. From Von Neugebauer's huge bibliography I have collected 251 cases of hermaphroditism in living adults (ages twelve and up) between 1790 and 1908. They include cases described in German, French, Dutch, and English. In approximately half of these cases I have found the original sources on which Von Neugebauer based his analyses. The database is unfinished; English cases in particular are still lacking.

- Other analyses of the available data and sources, on which I am preparing publications, also reveal that Dreger's "age of gonads" was far more complex than she suggests. See Geertje Mak, "Das vergeschlechtlichte Selbst als Nebenprodukt der medizinischen Geschlechter-Konstruktion: Hermaphroditen in klinischen Begegnungen im 19. Jahrhundert," *Invertito* 6 (2004): 95–109.
20. Hausman, *Changing Sex*, 78–79.
 21. Robert Stoller introduced the term *core gender identity* about a decade later (Hausman, *Changing Sex*, 104).
 22. Both Dreger (*Hermaphrodites*, 86, 92–93, 149–50) and Myriam Spörri ("N.O.Body, Magnus Hirschfeld und die Diagnose des Geschlechts: Hermaphroditismus um 1900," *L'homme Z.F.G.* 14 [2003]: 249–50) wrongly claim that until 1910 diagnostic surgery was impossible without unsexing the hermaphrodite. Taussig ("Rejoinder," 316) refers to five diagnostic laparotomies mentioned by Von Neugebauer ("What Value Has the Knowledge of Pseudo-hermaphroditism for the Practitioner?" *Interstate Medical Journal* 11 [1904]: 118–19). For a description of two diagnostic operations see Von Neugebauer, *Hermaphroditismus*, 429–33.
 23. My narratological approach to medical case histories and texts is mainly inspired by Mieke Bal, *De theorie van vertellen en verhalen: Inleiding in de narratologie*, 5th ed. (Muiderberg: Coutinho, 1990). For another narratological approach to medical case histories see Julia Epstein, *Altered Conditions: Disease, Medicine, and Storytelling* (New York: Routledge, 1995), 23–76.
 24. Goffe, "Pseudohermaphrodite," 755, 757.
 25. Goffe does not literally quote the family doctor, but the shift in tenses makes it clear where the paraphrase stops.
 26. The case histories of pseudohermaphrodites closely resemble those of "sexual invert" in structure. See Geertje Mak, *Mannelijke vrouwen: Over grenzen van sekse in de negentiende eeuw* (Amsterdam: Boom, 1997), 174–77, 207–8.
 27. Goffe, "Pseudohermaphrodite," 758–59.
 28. Hausman, *Changing Sex*, 79.
 29. Taussig, "Shall a Pseudo-hermaphrodite?" 163–64.
 30. Taussig, "Editorial Comment," 134.
 31. Goffe, "True Determination," 314–15.
 32. Taussig, "Rejoinder," 316. Taussig is referring to Theodor Landau's article "Mann oder Weib?" The Berendes-Landau case, incidentally, involved a different person, Leopold Landau.
 33. Von Neugebauer, "Letter to the Editor," 317.
 34. The paragraphs concerning hermaphrodites in *Das preußische Landrecht* are found in section 1, part 1: §19, "Wenn Zwitter geboren werden, so bestimmen die Eltern, zu welchem Geschlecht sie erzogen werden sollen" (If children are born hermaphroditic, the parents decide which sex they shall be raised as); §20, "Jedoch steht einem

solchen Menschen nach zurückgelegtem 18. Jahre die Wahl frei, zu welchem Geschlecht er sich halten will" (However, at the age of eighteen such a person is free to choose to which sex he wants to belong); §21, "Nach dieser Wahl werden seine Rechte künftig bestimmt" (This choice determines his future rights); §22, "Sind aber die Rechte eines Dritten von dem Geschlecht eines vermeintlichen Zwitters abhängig, so kann ersterer auf eine Untersuchung durch Sachverständige antragen" (However, if the rights of a third party are dependent on the sex of a putative hermaphrodite, that party may petition to have this person examined by experts); and §23, "Der Befund der Sachverständige entscheidet auch gegen die Wahl des Zwitters und seiner Eltern" (The findings of the experts supersede the choice of the hermaphrodite and his parents).

35. Dreger, *Hermaphrodites*, 145–50.
36. *Ibid.*, 110–14.
37. Von Neugebauer, "Letter to the Editor," 318. For another discussion of Geijl's attack see Von Neugebauer, *Hermaphroditismus*, 62.
38. Von Neugebauer, "What Value?" 120.
39. "Eine Änderung der Metrik könne nur dann stattfinden, wenn die betreffende Person selbst eine solche Änderung verlange, zwingen aber könne man sie dazu nicht" (Von Neugebauer, *Hermaphroditismus*, 401).
40. "Devant le chirurgien, plus encore que devant tout autre, le sujet doit demeurer libre de prendre telle détermination qu'il juge à propos et il doit demeurer certain de la discrétion" (Guermonprez, "Une erreur de sexe avec ses conséquences," *Annales d'hygiène publique et de médecine légale*, September–October 1892, 304).
41. The only exception was when a case was brought to court, for instance, a request for marriage nullification. When someone else's interests were involved, medical experts defined the outcome. Cf. n. 34.
42. Hausman, *Changing Sex*, 7.
43. Epstein, *Altered Conditions*, 122.
44. See N. D. Jewson, "The Disappearance of the Sick-Man from Medical Cosmology, 1770–1870," *Sociology* 8 (1974): 369–85; and W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994), 1–23.
45. G. R. Green, "Hypospadias," *Quarterly Medical Journal* 1 (1898): 169, cited in Von Neugebauer, *Hermaphroditismus*, 214. The case is also mentioned by Dreger, and the "solution" seems consistent with what she describes as the English way of dealing with discrepancies between gonadal and lived sex, but she does not focus on the question of who actually arrived at this solution (*Hermaphrodites*, 122–23, 126). Green's case was severely criticized only thirteen years later by two French doctors (Th. Tuffier and A. Lapointe, "L'hermaphroditisme: Ses variétés et ses conséquences pour la pratique médicale [d'après un cas personnel]," *Revue de gynécologie et de chirurgie abdominale* 17 [1911]: 209–68, esp. 266).

46. See the exchanges between Blondel and Delore and between Landau and Von Neugebauer above, as well as the one among Green, Tuffier, and Lapointe in n. 43.
47. From 1920 on, growing doubts about the possibility of reaching a medical definition of "true sex" undermined doctors' claims to authority in sex assignment matters, and consequently many patients had a say in what happened (Hausman, *Changing Sex*, 72–109).
48. Hausman, who claims that the concept of gender did the trick, sets out to explore "the extent to which the commonsense understanding of transsexualism as a 'disorder of gender identity' is a cover-up for the potentially more threatening idea that transsexuals are subjects who choose to engineer themselves" (ibid., 9).
49. Taussig, "Shall a Pseudo-hermaphrodite?" 162.
50. It is not always clear whether the terms used in the English sources, *psycho-sexual feelings*, *psychic sex*, and *psychic sexuality*, refer to sex-gender or sexual preferences or both. This confusion is another indication that those concepts were hardly distinguished at the time.
51. Goffe is wrong about this. See n. 22.
52. William Lee Howard, "Sex Perversion in America," *American Journal of Dermatology and Genito-Urinary Diseases*, January 1904, quoted in Goffe, "True Determination," 314–15.
53. Taussig, "Rejoinder," 316, 317.
54. Mak, "Das vergeschlechtlichte Selbst."
55. "XX. Männlicher Scheinzwitter als Mädchen erzogen, erkennt spontan sein männliches Geschlecht"; "XXI. Änderung der Metrik trotz festgestellten Erreur de sexe von dem Scheinzwitter verweigert"; "LXXVII. Geschlechtsbewußtsein und Geschlechts drang; 1. Geschlechtsbewußtsein dem anatomischen Charakter der Geschlechtsdrüsen nicht entsprechend" (Von Neugebauer, *Hermaphroditismus*, 673–75, 698–702). Klöppel claims that Von Neugebauer was the man who opened the field of hermaphroditism to scientific research into the relation between the "psycho-sexual center" (a concept of Krafft-Ebing) and physical or gonadal sex (see "Störfall"; and "XXOXY Ungelöst").
56. See George Chauncey, "From Sexual Inversion to Homosexuality: Medicine and the Changing Conceptualization of Female Deviance," *Salmagundi*, nos. 58–59 (1982–83): 114–46; Gert Hekma, "'A Female Soul in a Male Body': Sexual Inversion as Gender Inversion in Nineteenth-Century Sexology," in *Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History*, ed. Gilbert Herdt (New York: Zone, 1994), 213–40; Klaus Müller, *Aber in meinem Herzen sprach eine Stimme so laut: Homosexuelle Autobiographien und medizinische Pathographien im neunzehnten Jahrhundert* (Berlin: Winkel, 1991); and Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* (Chicago: University of Chicago Press, 2000).

57. For a detailed analysis about the confusion of sex and sexuality in a case of sexual inversion in a woman see Mak, *Mannelijke vrouwen*, 225–34; and Geertje Mak, “Sandor/Sarolta Vay: From Passing Woman to Sexual Invert,” *Journal of Women’s History* 16 (2004): 53–76.
58. Magnus Hirschfeld, *Die Transvestiten: Eine Untersuchung über den erotischen Verkleidungstrieb, mit umfangreichen casuistischen und historischen Material* (Berlin: Medizin, 1910); Havelock Ellis, *Eonism and Other Supplementary Studies*, vol. 7 of *Studies in the Psychology of Sex* (Philadelphia: Davies, 1928).
59. Oosterhuis, *Stepchildren of Nature*, 248. For Oosterhuis’s analysis of the development of an “authentic (homo)sexual self” see 215–30.
60. Dreger, *Hermaphrodites*, 126–30.
61. Von Neugebauer, “What Value?” 124.
62. Magnus Hirschfeld, *Geschlechtsumwandlungen: Irrtümer in der Geschlechtsbestimmung; Sechs Fälle aus dem forensischen Praxis* (Berlin: Adler, 1912). For an analysis see Mak, *Mannelijke Vrouwen*, 334–39; and Magnus Hirschfeld, “Drei Fälle von irrtümlicher Geschlechtsbestimmung,” *Medizinische Reform: Wochenschrift für soziale Medizin* 14, no. 51 (1906): 614–17.
63. Von Neugebauer, *Hermaphroditismus*, 607.